

Date received:



Care Act Advocacy Referral Form

This form is for use by Derbyshire County Council staff only

Client Name:		Date of birth:
Current address:		
Home address: (if different)		
Contact number:		

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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White British	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Mixed White	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Black African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>

Client need (tick all that apply)

Mental Health Problems	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Acquired brain damage	<input type="checkbox"/>	Autism Spectrum Condition	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Serious Physical Illness	<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>		<input type="checkbox"/>
Other: (give details)							

Has the client been deemed to have **substantial difficulty** in engaging with the process(es)?

Yes

No*

*if the answer is 'no' the client will not qualify for advocacy support under the Care Act

Has the client been deemed to have no **appropriate person** to support them?

Yes

No*

*if the answer is 'no' the client will not qualify for advocacy support under the Care Act

Date received:

Reason for referral:

A needs assessment (under Section 9)	
A carers assessment (under section 10)	
Preparation of a care and support plan (under Section 25)	
A review of a care and support plan (under Section 27)	
A child's needs assessment (under section 58)	
A child's carer's assessment (under section 60)	
A safeguarding enquiry or Safeguarding Adult Review (under section 63)	

Level of priority (please ✓):

HIGH	MEDIUM	LOWER
<ul style="list-style-type: none">• At immediate risk of significant abuse or neglect• Urgent assessment or review required	<ul style="list-style-type: none">• At risk of abuse or neglect• Non-urgent assessment or review of care and support needs due to changes	<ul style="list-style-type: none">• Routine review of care and support needs where there have been no significant changes• No current risk of abuse or neglect

Referrer:

Name:
Job Title:
Team/Local Authority:
Address:
Telephone:
Email:

Please detail any risk issues our staff should be aware of:

Post to: TBC

Email to: enquiries@derbyshireindependentcommunityadvocacy.org.uk

Visit www.derbyshireindependentcommunityadvocacy.org.uk or **Call** 01332 623732